



Clinical Congress News

The American College of Surgeons • 78th Clinical Congress • October 11-16, 1992 • New Orleans

General Sessions

Wednesday

Commission on Cancer Symposium

Breast Cancer
8:00 am in La Nouvelle Orleans Ballroom BC in the New Orleans Convention Center

General Panel Discussion

Acute Pancreatitis—Revisited
8:30 am in La Louisiane Ballroom A in the New Orleans Convention Center

International Relations Panel Discussion

Surgical Disease of the Thyroid Worldwide
10:30 am in La Louisiane Ballroom A in the New Orleans Convention Center

General Panel Discussion

Viral Infections in the Operating Room
3:30 pm in La Nouvelle Orleans Ballroom BC in the New Orleans Convention Center

Pre- and Postoperative Care Committee Panel Discussion

Current Controversies in Pre- and Postoperative Care
3:30 pm in MR 13-17 in the New Orleans Convention Center

Trauma Action Program

Turf Wars in Trauma Care: The Role of the General Surgeon
3:30 pm in MR 100-102 in the New Orleans Convention Center

State laws assist, not abate malpractice concerns

Although physicians' concerted efforts have influenced legislation designed to ease the impact of the malpractice crisis, yesterday's professional liability panelists agreed that there is more to be done as liability claims begin a new rise.

Speaking at "Professional Liability Update: State Legislation and Medical Malpractice—What Works, What Doesn't," John E. Connolly, MD, FACS, Irvine, CA, discussed the explosion of malpractice claims and verdicts in California beginning after World War II. This explosion, he said, peaked in 1975 when premiums rose to 486 percent, and the governor was forced to call a special session of the state legislature.

Later in 1975, Dr. Connolly said, the Medical Injury Compensation Reform Act (MICRA) was passed to address the malpractice crisis. Specifically, MICRA: (1) capped pain and suffering damages at \$250,000, although it left open economic damage amounts; (2) reduced awards if the injury is covered by other payees; (3) allowed the court to order periodic payments for awards related to future losses; (4) limited attorneys' contingency fees; (5) enacted a statute of limitations; (6) permitted parties to go to arbitration; (7) required that the plaintiff's attorney notify the defendant of intent to sue within 90 days; and (8) strengthened the state board of medical examiners.

Dr. Connolly said that although

MICRA was challenged in the mid-1980s, and will face challenges again next year, it has resulted in stable and more reasonable premiums, and better access to claims for deserving plaintiffs; it has also reduced the number of frivolous claims.

John Duncan MacDougall, MD, FACS, Beech Grove, IN, said that In-

diana, like other states, sought legislative remedies to the malpractice crisis in the 1970s. Assistance arrived in the 1975 Indiana Compensation Act for Patients (INCAP). INCAP, Dr. MacDougall said, limited recovery to \$750,000, enacted a statute of limitations, established a medical review

(continued on page 3)



Dr. Oliver H. Beahrs receives the American College of Surgeons' Distinguished Philanthropist Award at the Fellows Leadership Society's fourth annual luncheon on Monday. Dr. Beahrs was honored for his humanitarian efforts in guiding the surgical profession as well as the College. In accepting the award, Dr. Beahrs stressed the importance of continued philanthropy to "pass along the culture that we have experienced in our lifetime to future generations." Pictured above, from left to right, are: Dr. Robert E. Hermann, Chairman of the Committee on Development; Dr. Beahrs; and Dr. Frank C. Spencer, Chairman of the Fellows Leadership Society.

Humanism deserves the utmost attention of medical schools

The College's Committee on Surgical Education in Medical Schools presented a panel discussion Tuesday morning that considered the topic "The Art and Humanism of Medicine: Can It Be Taught?" The program was moderated by Layton F. Rikkers, MD, FACS.

The first speaker was Martha Weinman-Lear, an author and former editor of the *New York Times Magazine*. Ms. Weinman-Lear is the author of the best-selling book, *Heart Sounds*, which documents the experiences

when her husband suffered a massive heart attack. The book provides illustrative commentary and insights gleaned from this experience as her husband, a physician, became a patient. In the course of four years, she said, he survived three coronaries and partial brain damage. During the course of his treatment, Ms. Weinman-Lear stated, her husband constantly mentioned how he was made to feel more like a case and less like a person. "The doctors," she said, "were shadowy, detached characters who

came and went with nary a kind word or support." Her husband, she said, was never critical of the clinical treatment; his treatment in human terms was a source of constant irritation.

"The power of intimidation in a teaching hospital is frightening, and it emanates from the top down," she said. "As my husband came closer and closer to dying, the doctors withdrew further and further," Ms. Weinman-Lear noted.

"I do not know if you can teach persons how to be caring, compassion-

ate physicians. But the very fact that you are asking the question offers proof of its validity," she concluded.

The second speaker was Kathryn Hunter, PhD, who is associate professor in the Division of Ethics and Human Values at Northwestern University, Evanston, IL. Dr. Hunter stated that any broad conception of medical ethics must include an appreciation of the patient's point of view. "Toward this end, the wealth of books, films, and materials that deal with hu-

(continued on page 6)

Sir Roy Calne to discuss organ transplantation

At 3:00 this afternoon, Sir Roy Yorke Calne, MB, BS, FRCS(Eng), FACS(Hon), will present the first Distinguished Lecture of the International Society of Surgery, which he has titled "Future Prospects in Organ Transplantation." The lecture will be presented in La Nouvelle Orleans Ballroom A of the New Orleans Convention Center.

Professor Calne is professor of surgery at the University of Cambridge, a Fellow of Trinity Hall, and honorary consultant surgeon at Addenbrooke's Hospital, all in Cambridge, England.

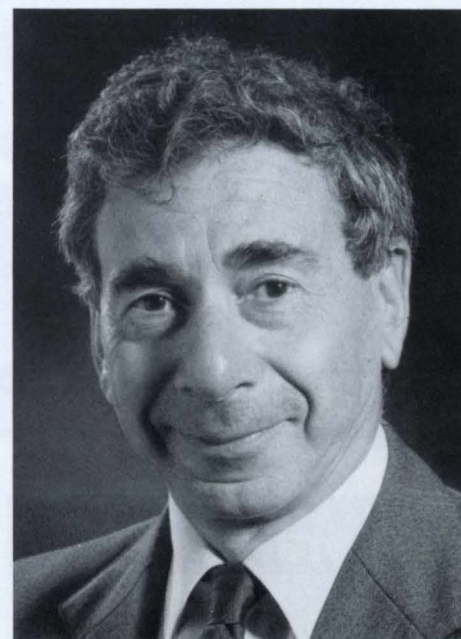
Born in 1930, he attended Lancing College and then Guy's Hospital of London. His career of teaching surgery to undergraduate and postgraduate students has included appointments at Guy's Hospital, Royal Army Medical Corps, Oxford University, Wingfield Morris Hospital, Peter Bent Brigham Hospital (U.S.), Harvard Medical School (U.S.), St. Mary's Hospital, University of London, University of Glasgow (Scotland), and University of Edinburgh (Scotland). He has held his present positions since 1965.

He is a member of the Royal College of Surgeons of England, Ameri-

can College of Surgeons (Honorary Fellow, 1985), Surgical Research Society, British Transplantation Society, European Society for Experimental Surgery, and the International Transplantation Society.

Professor Calne's research has been primarily in both the biological aspects and clinical application of tissue transplantation.

He has authored or contributed to 15 books on such topics as renal transplantation, organ transplantation, immunological aspects of transplantation, liver surgery, and surgical anatomy of the abdomen.



Roy Calne, MB, BS, FACS

Dr. Valeri to speak about transfusion medicine

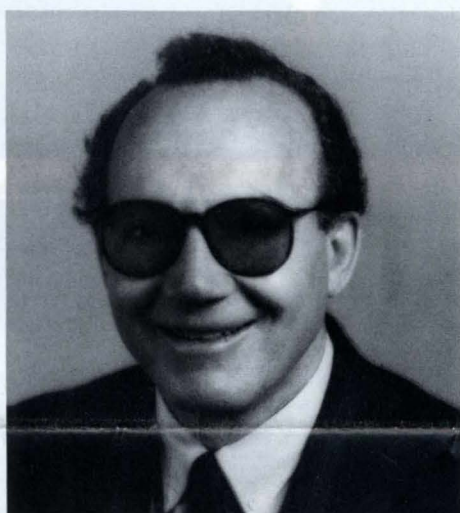
At 1:30 this afternoon, C. Robert Valeri, MD, will present the I. S. Ravdin Lecture in the Basic Sciences, which he has titled "Transfusion Medicine and Surgical Practice." The lecture will be held in La Nouvelle Orleans Ballroom BC of the New Orleans Convention Center.

Dr. Valeri is director of the Naval Blood Research Laboratory at Boston University School of Medicine. He is also professor of medicine and research and of surgery at Boston University, and adjunct professor of medicine at Tufts University School of Veterinary Medicine in North Grafton, MA.

He received a BS degree from Tufts University in 1954, and an MD degree from Harvard Medical School in Boston, MA, in 1958. Dr. Valeri's postgraduate training was done at Boston City Hospital, Tufts Medical School, and New England Medical Center, in Boston, MA.

Dr. Valeri currently serves on the editorial boards of *Blood Transfusion and Immunohematology*, *Molecular and Cellular Thermobiology*, and *International Journal of Biomaterials, Artificial Cells, and Artificial Organs*.

He is a member of numerous professional organizations, and recently served on the Naval Research Advisory Committee Panel on Requirements for Delivery of Artificial Blood to the Military (1992), Department of Defense Collocation of Blood Research Committee (chairman, 1992), and American Heart Association Research Peer Review Committee (1991, 1992). He has received the Meritorious Service Medal, U.S. Navy (1980); the Le-



C. Robert Valeri, MD

gion of Merit, U.S. Government (1985); the Jules Voncken Prize, International Committee of Military Medicine and Pharmacy (1986), and the Morten Grove Rasmussen Memorial Award, Massachusetts Association of Blood Banks (1991). Dr. Valeri's published contributions to his field number well over 400.

Dr. Valeri has been instrumental in obtaining FDA licensure of the following blood products:

1. Nonrejuvenated frozen red blood cells (frozen storage for 10 years, post-wash storage for 24 hours).
2. Indated- and outdated-rejuvenated frozen red blood cells (frozen storage for 10 years, post-wash storage for 24 hours).
3. PIPA (PIPA Laboratories) solution, an approved rejuvenation solution.
4. DMSO (Tera Pharmaceuticals), a platelet cryoprotectant.

Use those recycling bins!

Congress participants are urged to utilize the numerous recycling receptacles that can be found around the New Orleans Convention Center. The receptacles will accommodate paper, glass, and aluminum cans.

Every can you recycle saves the amount of energy that is needed to run a big-screen television for three hours.

So please take a moment or two and help the environment.

Congress Chronicle

Big Charity

One of this city's great wonders sits on Tulane Avenue not far from the Superdome. This landmark isn't hard to find—in fact, it's one of the city's largest buildings. Charity Hospital, or "Big Charity" as it is known locally, is America's oldest continually operating hospital. Big Charity was founded in 1736 from the legacy of French sailor Jean Louis. It survives as one of the nation's largest public hospitals. Charity has 1,500 beds, the country's busiest and best equipped emergency room, and has trained more physicians worldwide than any other hospital.

Though it is continually mired in the state's budget woes and survives as a hospital for the poor, Charity is worth seeing and noting for its history and for what it exemplifies—namely, how the New Orleans medical community has enriched the city and the world for more than three centuries.

The following companies have supported the *Clinical Congress News* with advertisements in the Exhibit Guide section of this issue:

American Surgical Instruments
Arrow International
Bard Vascular
CORE Dynamics
CUDA Products
Camp International
Dexide
EndoMedix
Health Learning Systems

LORAD Medical Systems
Laparomed
Laserscope Surgical Systems
MegaDyne Medical
Miles Inc.
Ortho Biotech
Research Medical
SmithKline Beecham
Taut
Unisurge
United States Surgical Corporation
ValleyLabs
Whitby Pharmaceuticals
Ximed Medical

Clinical Congress News

VOLUME 43 NUMBER 3

Editor:
Stephen J. Regnier
Associate Editor:
Jennifer Herendeen
Assistant Editor:
Tina Woelke
Photography Editor:
Jo Ann Baran
Director of Communications:
Linn Meyer

Photography: **Oscar & Associates**
Published daily October 11-16
Office: MR 51
New Orleans Convention Center
Phone: 552-5012
Items of interest or information must be reported to the office of the *Clinical Congress News* by 11:30 am on the day preceding the desired day of publication.

Initiates examine surgical environment

The fourth annual Initiates' Program, sponsored by the College's Committee on Young Surgeons, met Monday afternoon to consider "Your Future in a Changing Surgical Environment." The program was moderated by Martha D. McDaniel, MD, FACS, from Lebanon, NH.

The first speaker was P. William Curreri, MD, FACS, president of Strategem of Alabama, Inc., Mobile. Dr. Curreri explored the effects of surgical volume on Medicare expenditures.

He summarized the socioeconomic problems related to physician reimbursement that the College has addressed for the past 10 years. He provided an overview of the growth in Medicare expenditures and enrollees from 1970 to 1990. Explaining the basic components of the Medicare fee schedule payment formula for the Initiates, he said that "the volume of surgical services will be a crucial component in the determination of fees allowed for those services. The more involved we as surgeons become in the determination process, the better off we will be."

The second speaker was John R.

Clarke, MD, FACS, professor in the department of surgery and director of the Trauma Center at the Medical College of Pennsylvania (Philadelphia). Dr. Clarke summarized current initiatives in quality of care and their possible impact on the future of surgery. He defined quality assurance (QA) as the organization of services to produce optimal outcome *and* efficient use of resources.

Dr. Clarke outlined actions that he feels need to occur if QA programs are to be improved, including: the development of a computerized medical record data base; the development of standards based on case outcomes and related processes; an extensive analysis of surgical "judgment" decisions; an accurate assessment of positive and negative patient outcomes; an evaluation of the cost-effectiveness of QA programs themselves; and the initiation of effective feedback mechanisms to providers of care.

"Surgeons must keep fighting to make QA meaningful for patients and *not* get mired down in bureaucracy," Dr. Clarke concluded.

The third speaker was Andrew S. Wechsler, MD, FACS, who is Stuart

McGuire Professor and chairman, department of surgery, and professor of physiology at the Medical College of Virginia (Richmond).

Dr. Wechsler addressed opportunities that currently exist in surgical research, especially programs that are funded through the National Institutes of Health (NIH). He provided an in-depth analysis of the research and development budget of the NIH for activities in 1981 as compared with those in 1990. He emphasized that surgical researchers must do their homework regarding the funding dollars that are available from NIH.

Dr. Wechsler mentioned critiques of funding applications frequently cited by NIH, including: unqualified investigators, phenomenologic, unfocused, irrelevant, and cost/benefit ratio. "Surgeons must be more careful in wording their applications to demonstrate the long-term benefits of their research," he said.

"It is the strong research effort that clearly sets American surgery apart from the rest of the world, and I encourage each of you to support surgical research now and in the future," Dr. Wechsler concluded.

The fourth speaker was Jack Guildroy, a member of the board of directors of the American Association of Retired Persons (AARP). Mr. Guildroy examined the growing awareness and expectations that today's patients have with regard to medical services in an uncertain health care environment.

He noted that patients now have access to a wealth of information about health care from the press, print media, and medical health organizations.

"Patients today expect the Medicare system to be fair to physicians, that medical costs will be contained, and that they will receive protection as to the amount of their financial liability," he said.

"Doctors must realize that the number of patients with high expectations regarding the course of their health care is growing...their needs will have to be addressed, both now and certainly in the future," Mr. Guildroy stated.

"You as physicians must consider the possibility that some patients *do* have the capacity to assist in making medical decisions," he said.

MALPRACTICE, from page 1

panel, established a patient compensation fund, and offered Indiana Residual Malpractice Insurance Authority (IRMIA) to physicians who have difficulty obtaining insurance.

Dr. MacDougall said that INCAP has not solved all of Indiana's malpractice problems, but it has provided better compensation for patients, has served the general public by allowing physicians to lower their fees (and thus increased patients' access to care), and has helped physicians by lowering their premiums. He said that "Indiana is a physician-friendly state to practice in."

The panel's moderator, Ian Nisonson, MD, FACS, of Miami, FL, said that in 1985, Florida enacted a Medical Malpractice Act, which, among other stipulations, mandated licensure for risk managers and risk management education as a condition for physician licensure.

Dr. Nisonson said that Florida was the first state to license risk managers, and that "these are reasonable people who know what's going on." Risk managers, he said, investigate and analyze adverse patient incidents, develop methods to reduce these events, and report on disciplinary actions.

Physicians, he continued, are required to take five hours of risk management courses every two years. These courses stress the importance of timely documentation of events in

patients' records as well the importance of informing patients about treatment, alternative treatment, and risks.

Dr. Nisonson said that a new wave of malpractice claims is predicted in Florida.

Barry M. Manuel, MD, FACS, Boston, MA, provided the closing commentary for the professional liability panel. Dr. Manuel said that in the 1970s, all 50 states passed legislation designed to ease the malpractice crisis.

Although much of this legislation has brought some relief, Dr. Manuel said that patients who have suffered true negative outcomes due to physician negligence are still not adequately compensated, nor are physicians compensated for the stress generated by malpractice suits.

Dr. Manuel said that there was a "respite" from the malpractice crisis during the late 1980s and early 1990s, but the frequency of claims during the past six months has been significantly higher, and "this does not portend well for the future."

In concluding his remarks, Dr. Manuel said that "we have to fundamentally change our system," and advocated a voluntary no-fault compensation plan, which he said would improve quality of care, improve access to care, provide for timely settlements, and would identify substandard medical practice.



Peter Raymond Fletcher (left), Governor from Kingston, Jamaica, accepts a charter from Frank R. Lewis, Jr., Chairman of the Board of Governors, at Sunday's annual Board of Governors' meeting. Jamaica is the 92nd chapter and 23rd foreign country to receive a charter.

Official College ties and Fellowship jewelry

Official ACS ties and jewelry are available from Jim Henry, Inc., located in Booth 1704 in the technical exhibit area.

Panel cites access to care as critical issue of '90s

The College's Committee on Young Surgeons sponsored a panel discussion on Monday afternoon that considered "Access to Surgical Care in the '90s." Stephen J. Haines, MD, FACS, Chairman of the committee, served as moderator for the meeting.

The first speaker was Jack Ebeler, a principal with Health Policy Alternatives, Inc., Washington, DC. Mr. Ebeler provided an overview of congressional efforts to address the problem of access to medical care for the estimated 35 million persons in the U.S. who are uninsured or underinsured.

He noted that the cost of health care in the U.S. will reach 17 percent of the total gross national product by the end of the decade. Traditionally, he noted, the political process has ignored the uninsured segment of the American population. As the number of uninsured/underinsured individuals continues to grow, however, "representatives in Washington are taking the problem very seriously," he said.

Mr. Ebeler outlined various approaches to access to care that are currently being considered in Washington. The "comprehensive" ap-

proaches include the single payer programs, employment-based [funded] programs, and the tax credit programs. Incremental approaches to the question of access include insurance reform, targeting of low-income groups, targeting of pregnant women and children, delivery of services to underserved regions, and a number of state initiatives and demonstrations.

Mr. Ebeler concluded by noting that there is a growing level of dissatisfaction on the part of the American public about the cost of health care and a perceived fear regarding the loss of health care benefits. "Access to care is a complex issue and an open question that will be influenced by public opinion and interest group reforms," he stated.

The panel's second speaker was LaSalle D. Leffall, Jr., MD, FACS, professor and chairman of the department of surgery at Howard University Hospital, Washington, DC. Dr. Leffall outlined some of the problems manifest in providing health care within the inner city hospital.

He repeatedly emphasized the impact that violence and violent crime have on the cost of and access to medical care delivered in this environment.

He noted that \$20 million, or 10 percent, of the total uncompensated care in Washington, DC, hospitals in 1989 was directly attributable to criminal violence. Other special problems encountered by Howard University Hospital include those related to trauma, cancer, and severe hypertension.

The panel's third speaker was Robert T. Van Hook, a health care consultant from Kansas City, MO. Mr. Van Hook reviewed the status of access to care in rural America today.

He noted that health care is different in a rural setting because of the lack of population density, the fact that the population served tends to be older, the increased dependence on public programs, and the conservative nature of fiscal appropriations.

Among the major problems Mr. Van Hook feels are currently encountered in rural health care are an inadequate supply of primary care physicians, an inadequate system of hospital networking, the increase of outreach or itinerant surgery, and critical shortages of rehabilitation care providers.

The final speaker was Paul Kirk, MD, professor and chairman of the department of obstetrics/gynecology at Oregon Health Services University

in Portland, OR. Dr. Kirk spoke on the Oregon proposal to improve health care access for individuals in that state. He provided an overview of the development of the Oregon proposal, as well as an update on its current status.

Dr. Kirk stated that the Oregon program has, from the outset, been a local initiative—it was never conceived as being the basis for national health care reform. It was intended to provide health care to those 400,000 Oregonians who are without health care insurance, 280,000 of whom are currently working.

Dr. Kirk discussed the methodology that was used to rank into 17 categories conditions/treatments deemed to be "essential," "very important," and "valuable to certain individuals." He stated that the Oregon initiative is currently stalled in Washington because of certain judicial questions and interpretations.

"The Oregon plan has asked some hard questions about the role of physicians in patient care, the quality of life for individuals, and state initiatives versus federal control. The plan is not dead...we are committed to keep trying," he concluded.

Science and Humanism

Panel considers miscibility of art and science

This year's Science and Humanism Seminar, "Art and Surgery," featured two physician-artists who examined the relationship between the aesthetic and the scientific.

Frank Hinman, Jr., MD, FACS, San Francisco, CA, discussed "In Pursuit of Art and Science." He answered in the affirmative the question, "Are creativity in science and in art temporarily mutually exclusive?"

Dr. Hinman said that "Art and science are consecutive, rather than simultaneous," and supported this statement with events from his life that led to and encouraged him to paint: opportunity, necessity, free time, courtship, residency and academic experiences, and social concern.

He said that many renowned physicians found that their scientific careers somehow led them to art, such as Sir Francis Seymour Hayden, Harvey Cushing, Lord Lister, Ramon y Cajal, and Louis Pasteur.

Dr. Hinman said that the affinity that science and art have may well be based on the fact that both the physician (surgeon) and artist tend to rely on imagination versus words when thinking.

He said that both art and surgery require five steps to be brought to fruition:

visualization, imagination, inspiration, preparation, and execution.

Sir Roy Calne, MB, BS, FRCS(Eng), FRS, FACS(Hon), Cambridge, England, spoke on "Images of Transplantation." Professor Calne, a transplant surgeon, is a co-contributor at an exhibit of paintings on the history of surgery, currently at the New Orleans World Trade Center.

As proof that the scientific can be aesthetically pleasing and the aesthetic can be scientifically pleasing, Dr. Calne cited the work of Leonardo da Vinci. Examples artistically rendered depictions of his own specialty, transplantation, date back over 500 years to Fra Angelico's depiction of the Miracle of St. Cosmos, which in its beauty and detail depicts the "ethos of transplantation," said Professor Calne.

Professor Calne said that his interest in painting was heightened and encouraged by experiences as a transplant surgeon.

Through painting, Sir Roy is able to pay homage to his influences and teachers, capture the courage and suffering of his patients, and express an aesthetic facet of a highly technical field.



Paul E. Collicott, MD, FACS, (left) from Lexington, NE, accepts the National Safety Council's Surgeons' Award for Distinguished Service to Safety from Clem Buckman, Col. U.S. Army (retired) on Monday evening at the Committee on Trauma's annual dinner. Colonel Buckman is president and chief executive officer for the Metropolitan Safety Council of New Orleans and the Mississippi Gulf Coast. Each year, this award is presented through the joint efforts of the National Safety Council, the American College of Surgeons, and the American Association of Surgeons of Trauma to honor outstanding contributions in all areas of care of the injured patient.

'93 Spring Meeting in Montreal

The 21st annual Spring Meeting will be held April 25-28, 1993, at the Queen Elizabeth Hotel in Montreal, PQ. The meeting marks the return to a Canadian venue for the first time since 1986, when the Spring Meeting was held in Vancouver. Montreal has been called the "New Orleans of the North," and perhaps it is fitting that the Spring Meeting in Montreal follows the Clinical Congress in New Orleans.

An Assembly for General Surgery on Sunday, April 25, will consider the topic, "General Surgery: Present and Future." The Advisory Council for Surgery intends this session to provide a forum for attendees to discuss all concerns related to general surgery in a "town meeting" type of give-and-take atmosphere.

Plenary sessions on Monday, April 26, will feature a panel discussion on current techniques for hernia surgery, an extremely popular subject given the advent of attempts to introduce the laparoscope to the field. The Edward D. Churchill Lecture will be delivered by Jonathan L. Meakins, MD, FACS, of Montreal. Dr. Meakins will speak on "Determinants of Sepsis in the Surgical Patient."

On Monday afternoon, George E.

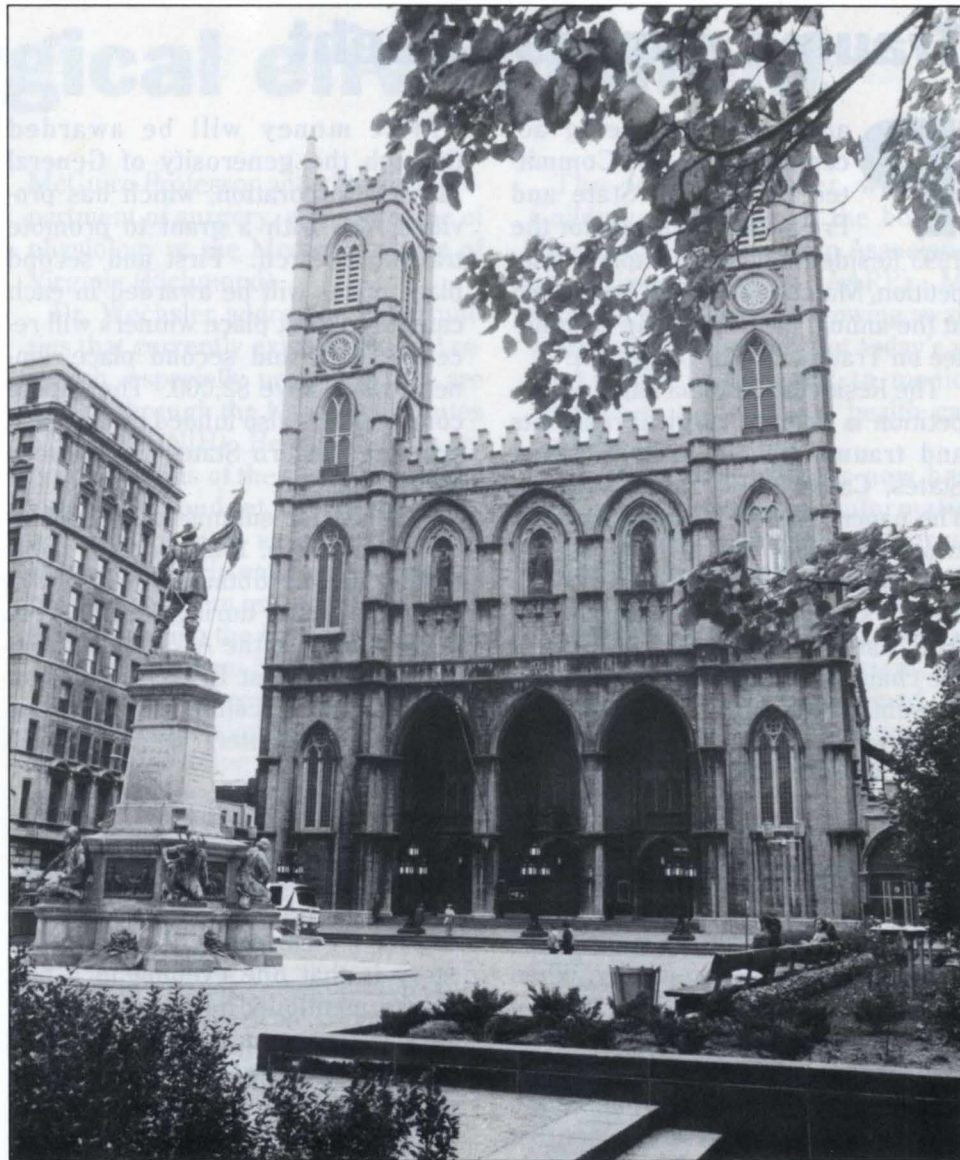
Block, MD, FACS, will moderate a panel that will consider "Coding Practices and Reimbursement." Monday evening will feature a program highlighting some of the best films presented at the 1992 Clinical Congress.

Four six-hour postgraduate courses will be held Tuesday, April 27. The courses will deal with cancer management, ambulatory surgery, vascular surgery, and trauma.

The meeting will conclude with a session on current surgical controversies, which will be moderated by Robert Zeppa, MD, FACS.

Given the high interest level many surgeons have shown in technical exhibits at the Spring Meeting last year, they will again be featured at the meeting in Montreal.

An advance brochure detailing the program, registration procedures, and information about travel and hotel packages will be mailed in early 1993 to all Fellows, Associate Fellows, and Candidate Group members. Also, a preliminary program will be listed in full in the January 1993 issue of the *Bulletin*. Further information regarding the Spring Meeting can be obtained from Frank Arado at College headquarters, 55 E. Erie St., Chicago, IL 60611; telephone 312/664-4050.



Basilica Notre Dame, Place D'Armes, Old Montreal



The Honorable William H. Bristol presides over a mock trial, which was held on Monday as part of Postgraduate Course #19. The realistic trial involved a surgeon who, while performing a sigmoid resection for adenocarcinoma of the colon (Dukes' C), severed the patient's left ureter. The realistic trial demonstrated how to cope with courtroom procedures and legal jargon.

Trauma papers sought

Papers are now being accepted by the ACS Committee on Trauma State and Provincial Chairmen for the 1993 Residents' Trauma Papers Competition, March 11-13, 1993, being held at the annual meeting of the Committee on Trauma in San Diego, CA.

The Residents' Trauma Papers Competition is open to surgical residents and trauma fellows in the United States, Canada, and South America. The papers should be categorized in two basic areas, that of basic laboratory research or clinical research. Papers should be sent to appropriate ACS State/Provincial Chairmen, or if the chairman is unknown, papers may be sent to the ACS Trauma Department, which in turn will forward them to the appropriate chairman.

Prize money will be awarded through the generosity of General Motors Corporation, which has provided ACS with a grant to promote trauma research. First and second place prizes will be awarded in each category. First place winners will receive \$3,000 and second place winners will receive \$2,000. The papers competition is also funded by the Eastern and Western States Committees on Trauma.

Deadline for submission of papers is November 15, 1992. Further information can be obtained at the ACS Resource Center during the Congress or by writing to the ACS Trauma Department, 55 East Erie St., Chicago, IL 60611, or by calling Cathy Carey, Project Coordinator, (312) 664-4050 ext. 380.

Literary legends born in New Orleans

Two famous pen names were "adopted" in the Crescent City. When he was a riverboat pilot, Samuel Clemens made frequent visits to New Orleans between 1857 and 1861, and made occasional contributions to the *Crescent*. It was in that newspaper that the name Mark Twain first appeared.

Later, in 1896, William Sidney Porter spent a brief period here, also writ-

ing for a local paper, the *Item*. The story is that one evening in a bar, Porter mentioned to friends that he was seeking a pen name for the short stories he was writing. At some point, so goes the tale, somewhere along the bar a voice called out to the bartender, "Oh, Henry, another of the same!" Voila, the author O. Henry was born.

Express Tapes schedule

Express Tapes, new to ACS/Clinitape this year, are available for pick-up until 4:00 pm Friday at the ACS/Clinitape booth, which is located under the giant cassette sign across from the ACS Resource Center in the registration area. If you have any questions, please call 552-5016.

Trauma registry system debuts

This year, the American College of Surgeons introduces NATIONAL TRACS, the national standard for today's trauma registries that is national in scope and local in impact. This "turn key" system allows fingertip access to all the critical data of hospital's trauma experience from incident through outcome. Features of this software package include: three methods of coding ICD-9, Operation and "E" codes, user-defined fields, local and national standard and ad hoc reports, automatic calculation of AIS 90 scores, and all the benefits associated with participating in a national registry. The NATIONAL TRACS program has been developed by and is supported by the resources of the American College of Surgeons and the expertise of its Committee on Trauma. For more information, please stop by the booth, which is located near the ACS Resource Center in the New Orleans Convention Center, or call the ACS National Trauma Registry office at 312/664-4050.

HUMANISM, from page 1

manistic behavior are a tremendous help to medical residents," she said. "These outside influences can have a significant impact in shaping a resident's perception of what it's like [to be] on the other end," she noted.

"Medicine is a humanistic activity using high-tech tools. The humanities offer treatment for a condition for which there is no known cure," she concluded.

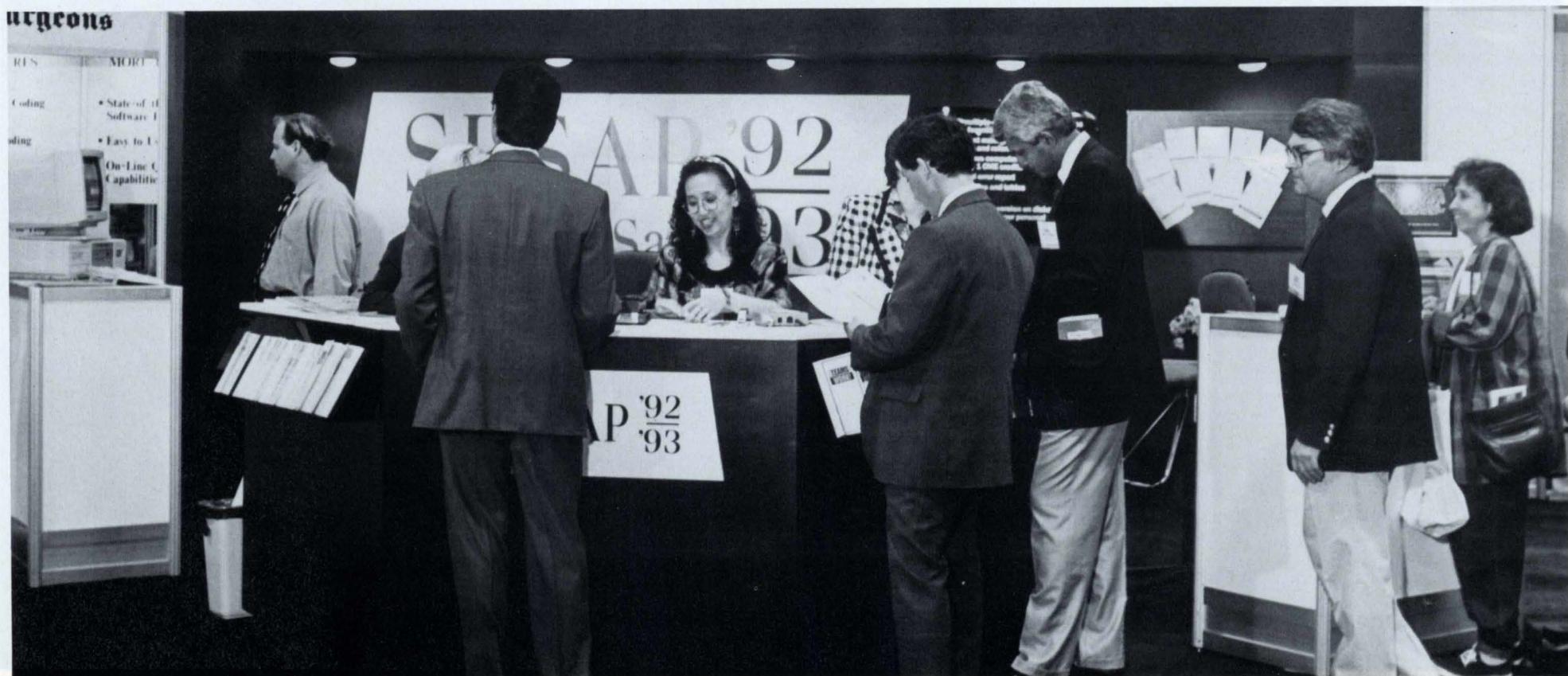
The third speaker was C. Rollins Hanlon, MD, FACS, Executive Consultant and former President of the College. Dr. Hanlon said that there is some validity to the belief that scientific medicine tends to dehumanize the patient. "Individuals are often viewed as a mere accumulation of images, bodily function statistics, and data," he said. Much of this dehumanizing perspective can be directly attributed

to the third-party providers who view patients as "customers," Dr. Hanlon said.

"I believe that surgeons *can* teach ethical/humanistic values by example and attitude in their dealings with patients," he said. The emphasis on "team effort" toward clinical efficiency often negates individual responsibility for a patient's care, Dr. Hanlon observed.

"However, I feel that what courses are now addressing in medical education is how to improve physicians as people, so that they might better empathize with the human condition," he said.

"Whether current initiatives will ameliorate problems in this area is not certain, but there is no question that more humanistic training is deemed to be crucial and warrants our utmost attention," Dr. Hanlon concluded.



The College's Surgical Education and Self-Assessment Program (SESAP), and the personal computer version of SESAP, Compu-SAP, are featured in a booth adjacent to the Convention Center registration area.

Allied Meetings

Please note: A number of medical school and alumni associations and surgical societies will have information booths, usually open the day of the event, in an area adjacent to the registration area in the New Orleans Convention Center.

Wednesday

Morning

**Societe Internationale de Chirurgie
(International Society of Surgery)
Membership**

6:45 am - 8:00 am. Breakfast meeting.
New Orleans Hilton, Versailles Ballroom, 3rd floor.

Association of Iranian Surgeons

6:45 am - 8:30 am. Breakfast meeting.
New Orleans Marriott, Mardi Gras A, 3rd floor.

SURGERY Editorial Board

7:00 am - 8:30 am. Breakfast meeting.
New Orleans Hilton, Grand Salon 10, 1st floor.

**New England Association of Program
Directors in Surgery**

7:00 am - 9:00 am. Breakfast meeting.
New Orleans Hilton, Belle Chasse, 3rd floor.

Association of Women Surgeons

7:00 am - 11:00 am. Breakfast meeting.
New Orleans Hilton, Grand Salon C, 1st floor.

Tripler General Surgery Program

11:00 am - 1:00 pm. Luncheon.
Westin Canal Place, River Room, 12th floor.

Afternoon

**American Society of Colon and Rectal
Surgeons, Armed Forces Committee**

12:00 noon - 2:00 pm. Luncheon meeting.
New Orleans Hilton, Grand Salon 6, 1st floor.

**Central Surgical Association,
Membership Advisory Committee**

12:00 noon - 3:00 pm. Luncheon meeting.
New Orleans Hilton, Grand Salon 1, 1st floor.

**The Society of Genitourinary
Reconstructive Surgeons**

12:30 pm - 5:30 pm. Meeting.
New Orleans Hilton, Oak Alley, 3rd floor.

Evening

**University of Colorado, Department of
Surgery**

5:30 pm - 7:30 pm. Reception.
New Orleans Hilton, Rosedown, 3rd floor.



The ACS Resource Center, located adjacent to the Convention Center registration area, provides an oasis of information about College departments and activities.

SAGES General Membership

5:30 pm - 8:30 pm. Reception.
New Orleans Hilton, Grand Salon C, 1st floor.

**SURGERY, Gynecology & Obstetrics
Consulting Editors**

6:00 pm - 7:00 p.m. Reception.
New Orleans Hilton, Oak Alley, 3rd floor.

Case Western Reserve University

6:00 pm - 7:30 pm. Reception.
New Orleans Hilton, Jasperwood, 3rd floor.

**Uniformed Services for the Health
Sciences**

6:00 pm - 7:30 pm. Reception.
New Orleans Marriott, La Galerie 5, 2nd floor.

Dartmouth-Hitchcock Surgical Society

6:00 pm - 8:00 pm. Reception.
Westin Canal Place, Cotton Room, 12th floor.

**Columbia University College of
Physicians and Surgeons, Department
of Surgery**

6:00 pm - 8:00 pm. Reception.
New Orleans Hilton, Mark Twain Courtyard (backup Magnolia).

**Medical College of Georgia,
Department of Surgery**

6:00 pm - 8:00 pm. Reception.
New Orleans Marriott, La Galerie 4, 2nd floor.

Mount Sinai Medical Center

6:00 pm - 8:00 pm. Reception.
New Orleans Hilton, Grand Salon 10, 1st floor.

**Providence Hospital Surgical Alumni
Association**

6:00 pm - 8:00 pm. Reception.

New Orleans Marriott, Chartres, 5th floor.

**University of Massachusetts,
Department of Surgery**

6:00 pm - 8:00 pm. Reception.
New Orleans Hilton, Belle Chasse, 3rd floor.

**Good Samaritan Hospital, Department
of Surgery Alumni**

6:30 pm - 8:30 pm. Reception.
New Orleans Hilton, Melrose, 3rd floor.

UW Harkins Surgical Society

6:30 pm - 8:30 pm. Reception.
New Orleans Hilton, Grand Salon 9/12, 1st floor.

**American College of Surgeons/
Friends of Bill W.**

7:00 pm - 8:30 pm. Meeting.
New Orleans Hilton, Grand Salon 2, 1st floor.

**Michigan State University,
Department of Surgery**

7:00 pm - 9:00 pm. Meeting.
Sheraton New Orleans, Bayside B, 4th floor.

**Matthew Walker Surgical Society of
Meharry Medical College**

7:00 pm - 9:00 pm. Dinner.
New Orleans Hilton, Elmwood, 3rd floor.

**Sinai Hospital of Detroit Third Alumni
Reunion**

7:00 pm - 9:00 pm. Reception.
New Orleans Marriott, Jackson, 5th floor.

**Harlem Hospital Surgical Alumni and
Friends**

7:00 pm - 10:00 pm. Reception.
Inter-Continental, Acadian, 3rd floor.

**American Foundation for Urologic
Disease**

7:00 pm - 11:00 pm. Reception/dinner.
New Orleans Hilton, Grand Salon 6, 1st floor.

The Society of University Urologists

7:30 pm - 10:00 pm. Dinner.
New Orleans Hilton, Grand Salon 1, 1st floor.

Thursday

Morning

**American Society of Colon and Rectal
Surgeons, General Surgical Residents**

7:00 am - 8:00 am. Breakfast meeting.
New Orleans Hilton, Rosedown, 3rd floor.

**New York State Society of Surgeons/
American College of Surgeons,
Upstate New York Chapter**

7:00 am - 9:30 am. Breakfast meeting.
New Orleans Marriott, Iberville, 4th floor.

**American Society of Colon and
Rectal Surgeons, Audiovisual
Committee**

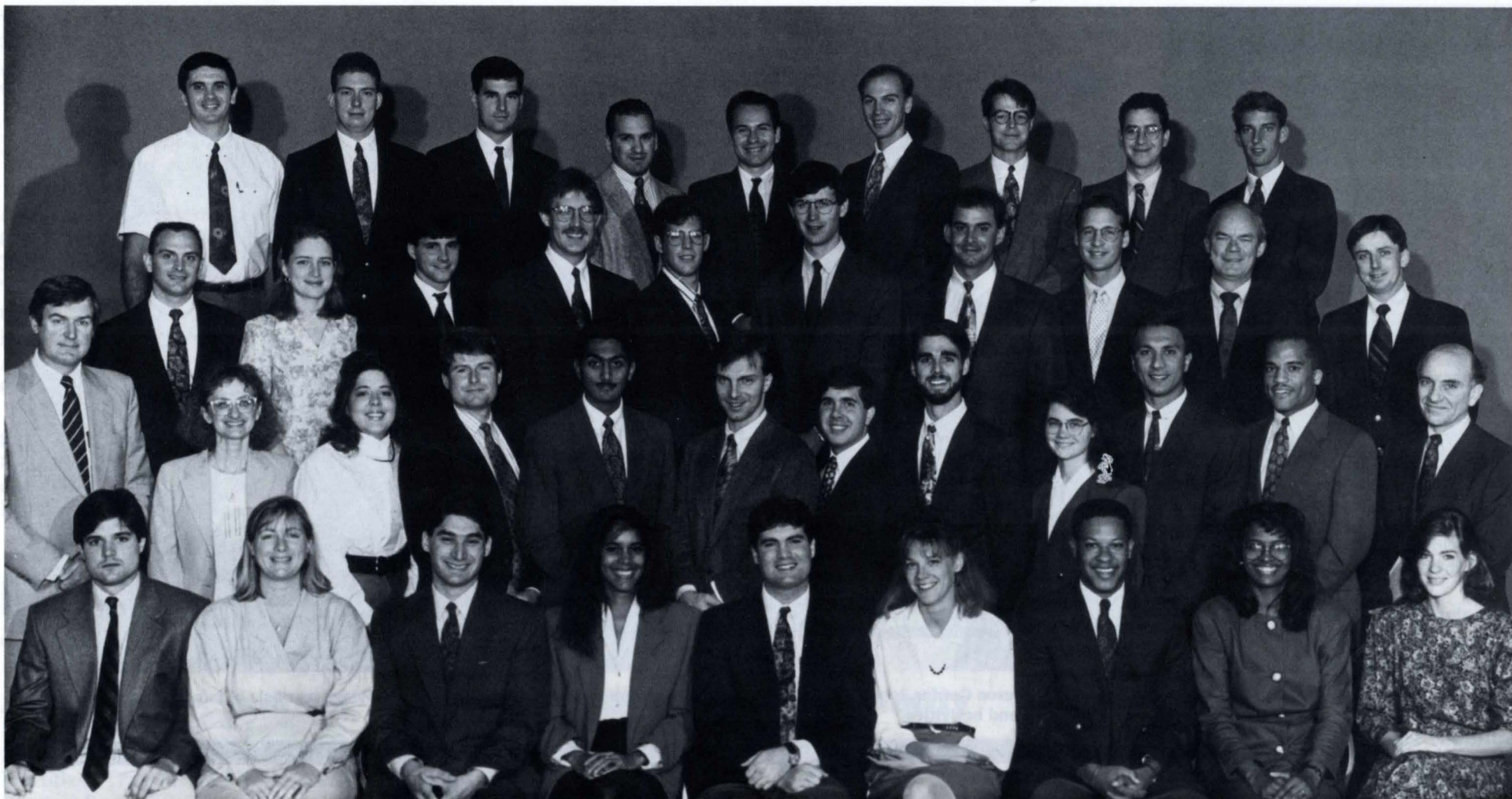
7:30 am - 8:30 am. Breakfast meeting.
New Orleans Hilton, Jasperwood, 3rd floor.

SAGES Board of Governors

8:00 am - 4:00 pm. Meeting.
New Orleans Hilton, Magnolia, 3rd floor.

**American Society of Colon and Rectal
Surgeons, Exhibitors Advisory
Committee**

9:00 am - 11:00 am. Breakfast meeting.
New Orleans Hilton, Oak Alley, 3rd floor.



Each year, surgery department chairmen select their top medical students, who are invited to attend Congress and participate in its functions. Pictured in the front row, from left to right, are: Harvey F. Mason, University of Mississippi; Debra L. Carroll, University of Florida; Lawrence Berson, Pennsylvania State University; Judith Hanson, Mt. Sinai School of Medicine; Scott Rosen, New York University; Laura Szynter, Georgetown University; Michael D. Williams, University of Virginia; Tina Lucas, Morehouse School of Medicine; and Jill Richardson, Thomas Jefferson University. Second row: Chris G. Jamleson, MD, FACS, Coordinator, Medical Student Program; Deborah Kuhls, Medical College of Pennsylvania; Linda M. Pate, University of Tennessee; Robert E. Breving, Jr., Mercer University; Shishir Sheth, University of Miami; Scott Fortune, Vanderbilt University; Andrew Demichele, Hahnemann University; Daniel C. Dorsey, West VA University; Connie Campbell, Temple University; Randeep Kahlon, University of Medicine and Dentistry of New Jersey; Michael J. Cornwell, Howard University; and Armando E. Giullano, MD, FACS, Committee on

Surgical Education in Medical Schools (CSEMS) member. Third row: Christopher Kurtz, University of Pittsburgh; Olivia Zanft, Columbia University; William Hawkins, University of Arkansas; Bruce Jackson Taylor, Jr., Mercer University; Sergio L. Selva, University of South Florida; Robert E. Coles, Duke University; Cooper Black III, Medical University of South Carolina; Timothy D. Edmisten, East Carolina University; Richard J. Finley, MD, FACS, CSEMS member; and James C. Hebert, MD, FACS, CSEMS Executive Committee member. Fourth row: Harold Dexter Dillon III, East Tennessee State University; Rob Schuyler, Medical College of Georgia; Jerry Lorio, Louisiana State University; Larry Weiss, University of Medicine and Dentistry of New Jersey; John Morton, Tulane University; Steven Zgleszewski, University of Pennsylvania; Stephen G. Barrett, University of South Alabama; Nestor Esnaola, Johns Hopkins University; and Mathew Kilgo, University of Chicago. Not pictured: Kazanuri Kuno, Cornell University; Dean Wickel, University of South Carolina; and Matthew J. Wills, University of North Carolina at Chapel Hill.

Program Changes

Listed below are changes made since publication of the official Program Book.

General Sessions

Thursday's 1:30 pm program, Ambulatory Surgery for the '90s and Beyond, will feature the following topics: "Discussion of the AAAPSF Guidelines for Single Specialty Centers," Gustavo A. Colon, MD, FACS; "Anesthesiology in the Ambulatory Care Setting," Patrick Mathews, MD; and "Guidelines for and Establishment of a Multispecialty Ambulatory Care Center," speaker to be announced.

Specialty Sessions

In Friday morning's Thoracic Surgery session on Mediastinal Tumors, Farid M. Shamji, MD, FACS, will replace Thomas R. Todd, MD.

In Friday afternoon's symposium on Complications of General Thoracic Surgery, Keith S. Naunheim, MD, FACS, will replace Alex G. Little, MD, FACS.

Postgraduate Courses

In the Friday morning session of PG #10, Cancers in Special Populations, the topic

presented by Peter A. Morrison, MD, FACS, has been changed to "Demographic Factors Shaping the Nation's Future Health Needs."

James O. Mason, MD, Doctor of Public Health, Assistant Secretary for Health, and Head of the U. S. Public Health Service of the U. S. Department of Health and Human Services, will replace Dr. Louis Sullivan in the Friday afternoon session of PG #10.

Technical Exhibits

The following technical exhibitors have been added:

628, Alko Equipment Co.
612, Anago.
711, Analytical Biosystems.
626, Aslan Medical Technologies, Ltd.
633, Battelle.
632, Bicare Monitoring Systems.
638, Biomedical Business International.
719, Blackwell Scientific Publications, Inc.
619, Boss Instruments, Ltd.
709, Care Wise Medical Products Corporation.

711, Context Software Systems, Inc.
2759, Corvita Corporation.
606, CSM Research.
640, Depuy.
2760, Diagnostic Sonar.
737, Easyware, Inc.
3161, Electrolizing, Inc.
743, Fiberoptic Medical Products, Inc.
616, Fog City Enterprises.
731, Healthcare Publishing.
733, Heart Hugger/General Cardiac Tech.
621, Hybritech Incorporated.
3254, Incomed.
618, International Medical Electronics, Ltd.
700, Intervascular, Inc.
620, Intherm.
636, Ishiyaku EuroAmerica.
2563, M. C. Johnson Co., Inc.
2366, Jones Medical Industries, Inc.
641, K + A Medical.
705, Kapp Surgical Instruments.
604, Li Medical Technologies, Inc.
721, McGraw-Hill Healthcare Mgmt. Group.
741, M. D. Engineering.
3258, Medela, Inc.
742, Medgraphix International Imaging.

2464, Medical Armor.
3256, Medi-Flex Hospital Products, Inc.
2659, Mist, Inc.
600, Muffin Enterprises.
634, Neoprobe Corporation.
727, Nordex Medical Corporation.
614, Norfolk Medical Products, Inc.
707, Nu-Surg Medical.
639, Omega Universal Technologies, Inc.
715, Performance Surgical Instruments, Division of Riley Medical.
610, Proact, Ltd.
2462, Quest Associates.
729, Renaissance Technologies, Inc.
608, Research Medical, Inc.
615, Review Associates.
617, Schroer Manufacturing Company.
1747, Siemens Patient Care Systems.
738, Steris Corporation.
2657, Surgical Safety Products, Inc.
2454, University Medical Publishers, Inc.
713, Vascular Products, Inc.
602, Wallach Surgical Devices, Inc.
613, Weatherby Health Care.
739, West Coast Medical Equipment Co., Inc.
2661, Wiest USA, Inc.
627, WISAP/USA.